

MICHIGAN MERIT AWARD PROGRAM INSTITUTIONAL PROFILE

GENERAL INSTRUCTIONS: Please return this form with the attached W9 form to the address listed below.

Michigan Department of Treasury, Michigan Merit Award Program
P.O. Box 30462, Lansing, Michigan 48909-7962 (USA)
Merit Award Toll Free: 1-888-4-GRANTS
Merit Award Fax: (517) 241-4638

INSTRUCTIONS: Please provide all information requested below.

Name of Institution			Today's Date
Mailing Address	City	State	Zip Code
	Country (if not USA)		
Financial Aid Director or Contact Person			
Telephone	Email Address		
Fax Number	Web Site Address		
Your Federal Title IV Code	Current number of Enrolled Students		
Titles of Certificates or Degrees available to your Graduates			

SECTION II

INSTRUCTIONS FOR SECTION II: Complete **Box A** if this institution is owned by a corporation... **or** complete **Box B** if this institution is owned by an individual(s):

Box A (if Institution is owned by a Corporation)

Corporate Name			
State Where Corporation is Domiciled:			
Name of Corporate Representative			
Title/Position		Telephone ()	
Address of Corporation	E-Mail Address	Telephone ()	
	City	State	Zip Code
Owner's Home Address	E-Mail Address	Telephone ()	
	City	State	Zip Code
Name of Institution's Director			
<input type="checkbox"/> Include a copy of your ARTICLES OF INCORPORATION			

Box B (if Institution is owned by an Individual/s)

Address of Individual or Partnership Owners	E-Mail Address	Telephone ()	
	City	State	Zip Code
Owner's Home Address	E-Mail Address	Telephone ()	
	City	State	Zip Code
Name of Institution's Director			
<input type="checkbox"/> Include a copy of your DBA ("DOING BUSINESS AS") documentation			